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| TERMINAL<br>DISCLAIMER                                     |                                     | DRAWINGS                     |                     |                            | CLAIMS ALLOWED           |   |     |  |
|  |                                     | Sheets Drwg.                 | Figs. Drwg.         | Print Fig.                 | Total Claims             | Print Claim for O.G                                 |     |  |
| a) The term of this patent                                 |                                     |                              |                     | NOTICE OF ALLOWANCE MAILED |                          |   |     |  |
| subsequent to (date) has been disclaimed.                  |                                     | (Assista                     | nt Examiner)        | (Date)                     |                          | *             |     |  |
| b) The term  | of this patent shall                |                              |                     |                            |                          |   |     |  |
| not extend beyond the expiration date of U.S Patent. No. 5 |                                     |                              |                     |                            | ISSUE FEE                |   |     |  |
| h.   |                                     |                              |                     |                            | Amount Due               | Date Paid   |     |  |
|  |                                     | (Prima                       | y Examiner)         | (Date)                     |                          | <u></u>   |     |  |
| c) The terminalmonths of this patent have been disclaimed. |                                     | (Legal Instruments Examiner) |                     |                            | ISSUE BATCH NUMBER       |   |     |  |
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| (Rev. 10/97)   |                                     |                              | (LABEL AI           | REA)                       |                          |   |     |  |

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